U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86 257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S. C 439 or 440

| For Official Title Only  READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT  |   |
|--|---|
| E OLMS   | LY BEFORE PREPARING THIS REPORT                               |
| 1 File Number U 9687   | 2 Fiscal Year Covered From                                    |
|  | 01 / 01 / 2004 Through 11 / 31 / 2004                         |
| 3 Name and address of person filing  | 4 Name file number and address of labor organization          |
| Name Chuck Downing   | Name International Brotherhood of Electrical Workers          |
|  | Labor Organization File Number 030-310                        |
| P O Box Bldg Room No if any  | P O Box Building and Room Number if any                       |
| Street 5542 Raintree Street  | Street 309 N. Rampart Ste M                                   |
| City Yorka Linda   | City Orange   |
| State CA ZIP Code + 4 92886  | State CA ZIP Code + 4 9 2 9 6 9                               |
| 5 Position in labor organization   |   |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  |   |
| 6 Name and address of Employer (including trade name if any)   | 7 a Nature of Interest, Transaction or Income                 |
| Name   |   |
| Trade Name If any  |   |
| P O Box Bidg Room No If any  |   |
| Street   | 7 b Amount  |
| City   |   |
| State ZIP Code + 4   |   |
| Signature  |   |
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.) |   |
| Signed Chick Overing   | On <u>8/12/05</u> <u>(7/4) 96/-//84</u> Date Telephone Number |
|  | Data Totophono Hamoor   |

| Name of Person Filing Chuck Downing  | File Number U  |  |
|--|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |  |  |
| 8 Name and address of Business (including trade name if any)  Name International Brothodood of Ekstra's Univers  Local 441  Trade Name if any  PO Box Bidg Room No if any  Street 309 N Rampart Ste M  City Oranse  State CA ZIP Code + 4 92868  | 9 Business deals with  a Labor Organization  b Trust  c Employer   |  |
| 10 If 9 b or 9 c is checked give trust or employer's name  Name Southern California TBEW-NECA Trust Funds  Trade Name if any  P O Box Bidg Room No if any  | 11 a Nature of such dealing  Pension Trust  Trustec attended educational benealts  Conference in Bal Harbour, FL   |  |
| Street 6023 Garfield Avenue  City City of Commerce  State CA ZIP Code + 4 90040  | 11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Reinbursement of expenses incurred  (no income received)  Expenses included Airline Tokets, Helel  d Meals |  |
|  | 12 b Amount 1195_  |  |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  | 14 a Nature of payment   |  |
| City  State ZiP Code + 4  13 b Is the Business an Employer or Consultant 7   | 14 b Amount of payment   |  |